BEST AVAILAGIE COPY

								Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECOI Effective October 1, 2001									RD /8/069877					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN R SMALL ENTITY			
TOTAL CLAIMS			26				R/	ATE	FEE]	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		BAS	BASIC FEE		OR	BASIC FEE	890		
TOTAL CHARGEABLE CLAIMS			26 minus 20=		. 6		X	X\$ 9=		OR	X\$18=	108		
INDEPENDENT CLAIMS			/ minus 3 =				X	X42=		OR	X84=			
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT	<u> </u>		+1	+140=		OR	+280=				
* If the difference in column 1 is less than zero, enter "0" in column 2						column 2	ТО	TAL		OR	TOTAL	998		
CLAIMS AS AMENDED - PART II							SM	ΔΙ!	ENTITY	OR	OTHER SMALL I			
		(Column 1)		(Colui		(Column 3)			ADDI-) 		ADDI-		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA	R/	TE	TIONAL FEE		RATE	TIONAL FEE		
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=			
	Independent	*	Minus ***		5 01 4 14 4	=	X4	· 2=		OR	X84=			
	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	CLAIM		+14	1 0=.		OR	+280=			
							ADDIT	OTAL		OR	TOTAL ADDIT, FEE			
(Column 1) (Column 2) (Column 3)														
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=			
	Independent	*	Minus	***		=	X4	2=		OR	X84=			
L	FIRST PRESE	NTATION OF M	JETIPLE DEI	PENDENI	CLAIM		+14	1 0=		OR	+280=			
							ADDIT	OTAL		OR	TOTAL ADDIT. FEE	·		
	(Column 1) (Column 2) (Column 3)										ADDII. I CCI			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=			
	Independent	*	Minus	***		=	X4	2=		OR	X84=			
E	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+14				+280=			
* 1	If the entry in colu	mn 1 is less than t	he entry in colu	umn 2, write	e "0" in co	lumn 3.		OTAL		OR	TOTAL			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												L		